

NEVADA DEPARTMENT OF CORRECTIONS

REQUEST FOR REHIRE/REINSTATEMENT

To be completed by employee:

EMPLOYEE'S NAME: _____

POSITION TITLE: _____

INSTITUTION: _____ BUDGET ACCOUNT #: _____

FINAL APPROVALS:

(To be completed by appropriate DOC personnel)

() **Approved**

() **Denied**

Signature of Warden or Division Head

Date

() **Approved**

() **Denied**

Personnel Officer III

Date

() **Approved**

() **Denied**

Signature of Asst. Director / Medical Director

Date

() **Approved**

() **Denied**

Signature of Director (If Applicable)

Date

FOR PERSONNEL DIVISION USE ONLY:

Effective date of rehire/reinstatement _____. (To be assigned once final approval(s) received.)

Position number assigned: _____.